

<i>SERFF Tracking Number:</i>	<i>AOIC-125318701</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026370</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-10/09/2007-17407</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/17407</i>		

## Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Homeowners

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI  
Combinations

Filing Type: Form

SERFF Tr Num: AOIC-125318701

SERFF Status: Closed

Co Tr Num: HOM-AR-01-  
10/09/2007-17407

Co Status: Pending

Authors: Claudia Stewart, Tina  
Schimmel

Date Submitted: 10/09/2007

State: Arkansas

State Tr Num: AR-PC-07-026370

State Status:

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Disposition Date: 10/10/2007

Disposition Status: Approved

Effective Date Requested (New): 11/15/2007

Effective Date Requested (Renewal): 12/21/2007

Effective Date (New): 11/15/2007

Effective Date (Renewal):  
12/21/2007

## General Information

Project Name: HOM

Project Number: 17407

Reference Organization:

Reference Title:

Filing Status Changed: 10/10/2007

State Status Changed: 10/09/2007

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: See Attached List

Forms Attach To:

Premier Plus Homeowners Policy

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after November 01, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number:	AOIC-125318701	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	AR-PC-07-026370
Company Tracking Number:	HOM-AR-01-10/09/2007-17407		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Homeowners		
Project Name/Number:	HOM/17407		

JENNIFER HOUSLER, AIS, MANAGER  
PERSONAL PROPERTY UNDERWRITING - SOUTH  
HOUSLER.JENNIFER@AOINS.COM (emails without attachments)  
perslinesund@aoins.net (emails with attachments)  
517-886-1923 Ext. 1923  
Underwriter:  
ERIN PELLOSKI  
PELLOSKI.ERIS@AOINS.COM  
(517) 323-8893

## Company and Contact

### Filing Contact Information

Jennifer Housler, Manager	housler.jennifer@aoins.com
PO Box 30660	(800) 346-0346 [Phone]
Lansing, MI 48909-8160	(517) 391-1903[FAX]

### Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>AOIC-125318701</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026370</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-10/09/2007-17407</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/17407</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	10/09/2007	16029365

<i>SERFF Tracking Number:</i>	<i>AOIC-125318701</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026370</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-10/09/2007-17407</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/17407</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Becky Harrington	10/10/2007	10/10/2007

*SERFF Tracking Number:*      *AOIC-125318701*

*State:*      *Arkansas*

*Filing Company:*      *Auto-Owners Insurance Company*

*State Tracking Number:*      *AR-PC-07-026370*

*Company Tracking Number:*      *HOM-AR-01-10/09/2007-17407*

*TOI:*      *04.0 Homeowners*

*Sub-TOI:*      *04.0000 Homeowners Sub-TOI Combinations*

*Product Name:*      *Homeowners*

*Project Name/Number:*      *HOM/17407*

## **Disposition**

Disposition Date: 10/10/2007

Effective Date (New): 11/15/2007

Effective Date (Renewal): 12/21/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AOIC-125318701	State:	Arkansas
Filing Company:	Auto-Owners Insurance Company	State Tracking Number:	AR-PC-07-026370
Company Tracking Number:	HOM-AR-01-10/09/2007-17407		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Homeowners		
Project Name/Number:	HOM/17407		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Earthquake Coverage Premier Plus Homeowners Policy	Approved	Yes
Form	Earthquake Coverage Homeowners Policy - Form 3	Approved	Yes
Form	Earthquake Coverage Homeowners Policy Form 4	Approved	Yes
Form	Earthquake Coverage Homeowners Policy - Form 6	Approved	Yes

SERFF Tracking Number: AOIC-125318701 State: Arkansas

Filing Company: Auto-Owners Insurance Company State Tracking Number: AR-PC-07-026370

Company Tracking Number: HOM-AR-01-10/09/2007-17407

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: HOM/17407

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Earthquake Coverage Premier Plus Homeowners Policy	17407	03-06	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 17407 (02-96) Previous Filing #:		17407 (03-06).pdf
Approved	Earthquake Coverage Homeowners Policy - Form 3	17083	03-06	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 17083 (02-96) Previous Filing #:		17083 (03-06).pdf
Approved	Earthquake Coverage Homeowners Policy Form 4	17129	03-06	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 17129 (02-96) Previous Filing #:		17129 (03-06).pdf
Approved	Earthquake Coverage Homeowners Policy - Form 6	17130	03-06	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 17130 (02-96) Previous Filing #:		17130 (03-06).pdf

## **EARTHQUAKE COVERAGE**

### **Premier Plus Homeowners Policy**

It is agreed:

#### **1. COVERAGE**

We cover accidental direct physical loss to covered property described under **SECTION I - PROPERTY PROTECTION**:

- a. **Coverage A - Dwelling; and**
- b. **Coverage B - Other Structures**

which is caused by earth movement meaning earthquake, including land shock waves or tremors before, during or after volcanic eruption. One or more earthquake shocks that occur within a 168-hour period shall be considered to be one earthquake.

#### **2. EXCLUSIONS**

The coverage provided by this endorsement does not apply to loss to covered property caused to any extent by:

- a. flood or tidal wave;
- b. landslide, mud flow, earth sinking, rising or shifting;
- c. mine subsidence or sink holes; or
- d. the filling of land.

#### **3. LIMIT OF INSURANCE**

The insurance provided by this endorsement does not increase any limit of insurance stated in the Declarations provided by the policy.

#### **4. DEDUCTIBLE**

We shall pay no loss to covered property described under:

- a. **Coverage A - Dwelling; or**
- b. **Coverage B - Other Structures**

until the amount of loss exceeds the earthquake deductible percentage shown in the Declarations multiplied by the total limit of insurance that applies to the damaged covered property. This deductible applies separately to each of these coverages. If the basic limit of insurance applying to any covered property is increased by the provisions of any other endorsement applying to the policy, we shall use the increased limit of insurance when calculating and applying the deductible.

#### **5. CONDITIONS**

Under **SECTION I - PROPERTY PROTECTION, EXCLUSIONS**, exclusion **b.(1)** does not apply to earth movement meaning earthquake, including land shock waves or tremors before, during or after volcanic eruptions as covered by this endorsement.

All other policy terms and conditions apply.



## **EARTHQUAKE COVERAGE**

### **Homeowners Policy - Form 3**

It is agreed:

#### **1. COVERAGE**

We cover accidental direct physical loss to covered property described under **SECTION I - PROPERTY PROTECTION**:

- a. **Coverage A - Dwelling;**
- b. **Coverage B - Other Structures; and**
- c. **Coverage C - Personal Property**

which is caused by earth movement meaning earthquake, including land shock waves or tremors before, during or after volcanic eruption. One or more earthquake shocks that occur within a 168-hour period shall be considered to be one earthquake.

#### **2. EXCLUSIONS**

Under **SECTION I - PROPERTY PROTECTION, EXCLUSIONS**, exclusion a.(2) is deleted and replaced by the following:

- (2) Loss caused to any extent by flood or tidal wave; landslide, mud flow, erosion, earth sinking, rising or shifting; mine subsidence or sink holes; or the filling of land.

#### **3. LIMIT OF INSURANCE**

The insurance provided by this endorsement does not increase any limit of insurance stated in the Declarations or provided by the policy.

#### **4. DEDUCTIBLE**

We shall pay no loss to covered property described under:

- a. **Coverage A - Dwelling;**
- b. **Coverage B - Other Structures; or**
- c. **Coverage C - Personal Property**

until the amount of loss exceeds the earthquake deductible percentage shown in the Declarations multiplied by the total limit of insurance that applies to the damaged covered property. This deductible applies separately to each of these coverages. If the basic limit of insurance applying to any covered property is increased by the provisions of any other endorsement applying to the policy, we shall use the increased limit of insurance when calculating and applying the deductible.

This deductible provision replaces any other deductible provision contained in the policy with respect to the coverage provided by this endorsement.

All other policy terms and conditions apply.

## **EARTHQUAKE COVERAGE**

### **Homeowners Policy - Form 4**

It is agreed:

#### **1. COVERAGE**

We cover accidental direct physical loss to covered property described under **SECTION I - PROPERTY PROTECTION, Coverage C - Personal Property** which is caused by earth movement meaning earthquake, including land shock waves or tremors before, during or after volcanic eruption. One or more earthquake shocks that occur within a 168-hour period shall be considered to be one earthquake.

#### **2. EXCLUSIONS**

Under **SECTION I - PROPERTY PROTECTION, EXCLUSIONS**, exclusion **a.** is deleted and replaced by the following:

- a.** Loss caused to any extent by flood or tidal wave; landslide, mud flow, erosion, earth sinking, rising or shifting; mine subsidence or sink holes; or the filling of land.

#### **3. LIMIT OF INSURANCE**

The insurance provided by this endorsement does not increase any limit of insurance stated in the Declarations or provided by the policy.

#### **4. DEDUCTIBLE**

We shall pay no loss to covered property described under Coverage C - Personal Property until the amount of loss exceeds the earthquake deductible percentage shown in the Declarations multiplied by the total limit of insurance that applies to the damaged covered property. If the basic limit of insurance applying to any covered property is increased by the provisions of any other endorsement applying to the policy, we shall use the increased limit of insurance when calculating and applying the deductible.

This deductible provision replaces any other deductible provision contained in the policy with respect to the coverage provided by this endorsement.

All other policy terms and conditions apply.

## **EARTHQUAKE COVERAGE**

### **Homeowners Policy - Form 6**

It is agreed:

#### **1. COVERAGE**

We cover accidental direct physical loss to covered property described under **SECTION I - PROPERTY PROTECTION**:

- a. Coverage A - Dwelling; and
- b. Coverage C - Personal Property

which is caused by earth movement meaning earthquake, including land shock waves or tremors before, during or after volcanic eruption. One or more earthquake shocks that occur within a 168-hour period shall be considered to be one earthquake.

#### **2. EXCLUSIONS**

Under **SECTION I - PROPERTY PROTECTION, EXCLUSIONS**, exclusion a.(2) is deleted and replaced by the following:

- (2) Loss caused to any extent by flood or tidal wave; landslide, mud flow, erosion, earth sinking, rising or shifting; mine subsidence or sink holes; or the filling of land.

#### **3. LIMIT OF INSURANCE**

The insurance provided by this endorsement does not increase any limit of insurance stated in the Declarations or provided by the policy.

#### **4. DEDUCTIBLE**

We shall pay no loss to covered property described under:

- a. Coverage A - Dwelling; or
- b. Coverage C - Personal Property

until the amount of loss exceeds the earthquake deductible percentage shown in the Declarations multiplied by the total limit of insurance that applies to the damaged covered property. If the basic limit of insurance applying to any covered property is increased by the provisions of any other endorsement applying to the policy, we shall use the increased limit of insurance when calculating and applying the deductible.

This deductible provision replaces any other deductible provision contained in the policy with respect to the coverage provided by this endorsement.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125318701</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026370</i>
<i>Company Tracking Number:</i>	<i>HOM-AR-01-10/09/2007-17407</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>HOM/17407</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	10/10/2007
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### Comments:

### Attachment:

AR Transmittal-17407.pdf

## Property &amp; Casualty Transmittal Document (Revised 1/1/07)

**1. Reserved for Insurance Dept. Use Only****2. Insurance Department Use Only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

**3. Group Name****Group NAIC #**

AUTO-OWNERS INSURANCE GROUP COMPANY

280

**4. Company Name(s)****Domicile****NAIC #****FEIN #**

AUTO-OWNERS INSURANCE COMPANY

Michigan

280-18988

38-0315280

**5. Company Tracking Number****Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]****6. Name and address****Telephone #s****FAX #****E-mail**Jennifer Housler, AIS, Manager  
P.O. Box 30660  
Lansing, MI 48909-8160517-886-1923  
(800) 346-0346  
Ext. 1923

517

HOUSLER.JENNIFER@AOINS.CO  
M**7. Signature of authorized filer****8. Please print name of authorized filer**

Jennifer Housler, AIS

**Filing Information (see general instructions for descriptions of these fields)**

<b>9. Type of Insurance (TOI)</b>	4.0000 Homeowners
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	4.0001 Condos 4.0003 Owner-Occupied 4.0004 Tenants 4.0005 Other
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Homeowners
<b>13. Filing Type</b>	FORM
<b>14. Effective Dates(s) Requested</b>	November 01, 2007
<b>15. Reference Filing?</b>	No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization #</b>	
<b>18. Company's Date of Filing</b>	October 02, 2007
<b>19. Status of filing in domicile</b>	Michigan- Exempt

**Property and Casualty Transmittal Document-**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Forms Attach To:

Premier Plus Homeowners Policy

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after November 01, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

**Manager:**

JENNIFER HOUSLER, AIS, MANAGER  
 PERSONAL PROPERTY UNDERWRITING - SOUTH  
 HOUSLER.JENNIFER@AOINS.COM (emails without attachments)  
 perslinesund@aoins.net (emails with attachments)  
 517-886-1923 Ext. 1923

**Underwriter:**

ERIN PELLOSKI  
 PELLOSKI.ERIS@AOINS.COM  
 (517) 323-8893

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:**

**Amount:**

**Calculation:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

This form must be provided ONLY when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

**This page applies to the following state(s) Arkansas**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b>				
<b>3.</b>	<b>Component/Form Name/ Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous State Filing Number, if required by state</b>
<b>1</b>	Earthquake Coverage Premier Plus Homeowners Policy	17407 (03-06)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	17407 (02-96)	
<b>2</b>	Earthquake Coverage Homeowners Policy - Form 3	17083 (03-06)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	17083 (02-96)	
<b>3</b>	Earthquake Coverage Homeowners Policy Form 4	17129 (03-06)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	17129 (02-96)	
<b>4</b>	Earthquake Coverage Homeowners Policy - Form 6	17130 (03-06)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	17130 (02-96)	

PC FFS-1

AR-3